## **Grant Review Committee Review Form**

Grant Name: Comprehensive Health Care 2012	
Department Name/Number: Auditor's Office	
Department Contact: Janna Caponera	Phone: <u>4638</u>
The Budget and Finance Department (BFO), in conjunction with the Grant Review Capplication and/or award as detailed above, and the application and/or award is:	Committee (GRC), has reviewed the
□ Recommended. The GRC has reviewed this grant application and/or award an Commissioners Court.	d recommends its approval to
☐ Not Recommended The GRC has reviewed this application and/or award and Commissioners Court.	does not recommend its approval to
☑ No Recommendation The information provided by the requesting department informed recommendation to Commissioners Court regarding this application and/o	
Completed by:	
Janna Caponera	
Budget and Finance (BFO) Comments:	
☐ Recommended ☐ Not Recommended ☐ No Rec	commendation
Comprehensive Healthcare Grant in the amount of \$21,639.00; No county match required. This grant pays a portion of nurse salary and fringe benefits. Fringe calculated at incorrect rate.	
County Auditor Comments:   Recommended Not Recommended No Recommended	commendation
Information Technology (IT) Comments:	
☐ Recommended ☐ Not Recommended ☐ No Rec	commendation

Purchasing Co	omments.		
Purchasing	policies and procedure	es will apply.	
	☐ Recommended	□ Not Recommended	☐ No Recommendation
Human Resou	rces (HR) Comments:		
	☐ Recommended	☐ Not Recommended	☐ No Recommendation
<u>Totals</u>	<u>s:</u>		
1	Recommended	0 Not Recommended	4 No Recommendation